

LACASSE & ASSOCIATES

PROFESSIONAL PATENT SERVICES

1725 Duke Street, Suite 650

Alexandria, Virginia 22314

Phone (703) 838-7683/Facsimile (703) 838-7684

E-Mail: patser@lacasse-patents.com

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CONFIDENTIAL
FACSIMILE TRANSMITTAL SHEETDATE SENT: January 21, 2005

DELIVER TO:

Name: Examiner Susanna Diaz
Company: USPTO / GAU 3623
Phone No: 703-305-1337
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FROM: Jaclyn A. SchadeYOUR FILE: 09/556,303

THERE WILL BE A TOTAL OF 4 PAGE(S) INCLUDING THIS COVER SHEET.
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X NOTICE OF APPEAL (IN DUPLICATE)Applicant: Ruvolo et al.Serial No.: 09/556,303Filing Date: 04/24/2000Title: System and Method for Matching Entities Utilizing an Electronic Calendaring System

PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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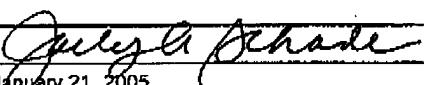
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		Application Number	09/556,303
		Filing Date	4/24/2000
		First Named Inventor	Ruvolo, Joann
		Art Unit	3623
		Examiner Name	Susanna Diaz
Total Number of Pages in This Submission		Attorney Docket Number	AM9-99-1034

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lacasse & Associates, LLC		
Signature			
Date	January 21, 2005		

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Typed or printed name	Brandi Franklin		
Signature		Date	January 21, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/31 (09-04)

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NOTICE OF APPEAL FROM THE EXAMINER TO
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AM9-99-1034

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Signature _____

Typed or printed
name _____In re Application of
Joann Ruvolet al.Application Number
09/556,303 Filed
4/24/2000For System and Method for Matching Entities Utilizing an
Electronic Calendaring SystemArt Unit
3623 Examiner
Susanna M. Diaz

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

\$ 500.00

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____ \$ _____

A check in the amount of the fee is enclosed. _____

Payment by credit card. Form PTO-2038 is attached. _____

The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. _____

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 09-0441. I have enclosed a duplicate copy of this sheet. _____

A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

applicant/inventor. _____

assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) _____

attorney or agent of record. Registration number 505669 _____

attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____


 Signature _____
Jaclyn A. Schade
Typed or printed name _____(703) 838-7683
Telephone number _____

Date _____

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of _____ forms are submitted.

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